

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed:																					
3 COMMITTEE NAME CITIZENS FOR C.H.A.N.G.E.				OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked																					
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P. O. Box 120003 San Antonio, TX 78212																							
5 CAMPAIGN TREASURER NAME		<table border="1"> <tr> <td>TITLE</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td></td> <td>Charles</td> <td>L.</td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td>Charlie</td> <td>Cottrell</td> <td>Ph.D.</td> </tr> </table>				TITLE	FIRST	MI		Charles	L.	NICKNAME	LAST	SUFFIX	Charlie	Cottrell	Ph.D.								
TITLE	FIRST	MI																							
	Charles	L.																							
NICKNAME	LAST	SUFFIX																							
Charlie	Cottrell	Ph.D.																							
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE President's Office, St. Mary's University One Camino Santa Maria San Antonio, TX 78228-8572																							
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 508 W. Craig San Antonio, TX 78228																							
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (210) 436-3722																							
9 REPORT TYPE		<table border="1"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Dissolution (attach PAC-DR)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 10th day after campaign treasurer termination</td> </tr> </table>				<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Dissolution (attach PAC-DR)		<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination											
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	<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination																							
10 PERIOD COVERED		<table border="1"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td></td> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td>10</td> <td>30</td> <td>01</td> <td>THROUGH</td> <td>6</td> <td>30</td> <td>02</td> </tr> </table>				Month	Day	Year		Month	Day	Year	10	30	01	THROUGH	6	30	02						
Month	Day	Year		Month	Day	Year																			
10	30	01	THROUGH	6	30	02																			
11 ELECTION		<table border="1"> <tr> <td colspan="3">ELECTION DATE</td> <td colspan="3">ELECTION TYPE</td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td>/</td> <td>/</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				ELECTION DATE			ELECTION TYPE			Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special	/	/					
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Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special																			
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GO TO PAGE 2																									

RECEIVED
 CIVIL SERVICE COMMISSION
 2002 JUL 23 AM 9:59

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

**12 COMMITTEE
NAME**

Citizens For C.H.A.N.G.E.

ACCOUNT #
(Ethics Commission filers)

**13 COMMITTEE
PURPOSE**

(Attach lists on plain paper to complete this report if necessary.)

☒ SUPPORT

☐ OPPOSE

☐ ASSIST
(officeholders only)

☐ CANDIDATE

☐ OFFICEHOLDER

☐ MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year
11 / 06 / 01

DESCRIPTION

Charter Amendment Reform

**14 NO REPORTABLE
ACTIVITY**
☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

**15 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

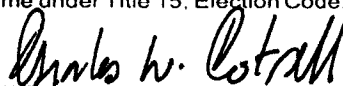
**OUTSTANDING
LOAN TOTALS**

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

16 AFFIDAVIT

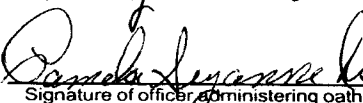
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Charles L. Cotrell, this the 22nd day of July, 20 02, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

Citizens for C.H.A.N.G.E.

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/30/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

Kenny Wilson

7 Amount of
contribution (\$)
3,000.00

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code
P O Box 121
San Antonio, TX 78291

9 Principal occupation (Optional)

10 Employer (Optional)

Date

10/31/01

Full name of contributor

☐ out-of-state PAC (ID#)

G. C. Hixon

Amount of
contribution (\$)
2,500.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
315 E Commerce #300
San Antonio, TX 78205

Principal occupation (Optional)

Employer (Optional)

Date

10/31/01

Full name of contributor

☐ out-of-state PAC (ID#)

Marbut, R. G.

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
511 Argyle
San Antonio, TX 78209

Principal occupation (Optional)

Employer (Optional)

Date

11/12/01

Full name of contributor

☐ out-of-state PAC (ID#)

Pablo Escamilla

Amount of
contribution (\$)
1,000.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
1726 Valencia
San Antonio, TX 78237

Principal occupation (Optional)

Employer (Optional)

Date

11/1/01

Full name of contributor

☐ out-of-state PAC (ID#)

E. H. Dawson Jr.

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
208 N. Tower Dr.
San Antonio, TX 78232

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

Citizens for C.H.A.N.G.E.

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/1/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

Dawson, Sam

7 Amount of
contribution (\$)
500.00

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

3802 Mill Court
San Antonio, TX 78230

9 Principal occupation (Optional)

10 Employer (Optional)

Date

11/5/01

Full name of contributor

☐ out-of-state PAC (ID#)

Pat Maloney

Amount of
contribution (\$)
1,000.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

6607 Lauren Hill
San Antonio, TX 78229

Principal occupation (Optional)

Employer (Optional)

Date

11/5/01

Full name of contributor

☐ out-of-state PAC (ID#)

John Schaefer

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

8620 N. New Braunfels
San Antonio, TX 78217

Principal occupation (Optional)

Employer (Optional)

Date

11/6/01

Full name of contributor

☐ out-of-state PAC (ID#)

Sam Barshop

Amount of
contribution (\$)
1,000.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

900 Isom Rd. #300
San Antonio, TX 78216

Principal occupation (Optional)

Employer (Optional)

Date

11/14/01

Full name of contributor

☐ out-of-state PAC (ID#)

Marmon Mok

Amount of
contribution (\$)
250.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

700 N St. Mary's #1600
San Antonio, TX 78205

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule C:

2 FILER NAME

Citizens for C.H.A.N.G.E.

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/31/01

5 Corporation / Labor Organization name

Akin, Gump, Strauss, Hauer & Feld

7 Amount of
contribution (\$)

5,000.00

8 In-kind contribution
description (if applicable)

6 Corporation / Labor Organization address; City; State; Zip Code

300 Convent St #1500
San Antonio, TX 78205

Date

10/31/01

Corporation / Labor Organization name

Ultramar Diamond Shamrock

Amount of
contribution (\$)

5,000.00

In-kind contribution
description (if applicable)

Corporation / Labor Organization address; City; State; Zip Code

P O Box 696000
San Antonio, TX 78269

Date

10/31/01

Corporation / Labor Organization name

Valero Political Action Committee

Amount of
contribution (\$)

5,000.00

In-kind contribution
description (if applicable)

Corporation / Labor Organization address; City; State; Zip Code

P O Box 500
San Antonio, TX 78292

Date

11/5/01

Corporation / Labor Organization name

SBC/Southwestern Bell Telephone

Amount of
contribution (\$)

2,500.00

In-kind contribution
description (if applicable)

Corporation / Labor Organization address; City; State; Zip Code

175 E. Houston Street
San Antonio, TX 78205

Date

11/5/01

Corporation / Labor Organization name

Raba-Kistner Consultants

Amount of
contribution (\$)

1,000.00

In-kind contribution
description (if applicable)

Corporation / Labor Organization address; City; State; Zip Code

12821 W Golden Lane
San Antonio, TX 78249

Date

11/5/01

Corporation / Labor Organization name

Broadway Bank

Amount of
contribution (\$)

2,500.00

In-kind contribution
description (if applicable)

Corporation / Labor Organization address; City; State; Zip Code

P O Box 17001
San Antonio, TX 78217

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CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule C:

2 FILER NAME

Citizens for C.H.A.N.G.E.

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/8/02

5 Corporation / Labor Organization name

Wayne Harwell Properties, Inc.
6 Corporation / Labor Organization address; City; State; Zip Code
P O Box 17065
San Antonio, TX 78217

7 Amount of
contribution (\$)

500.00

8 In-kind contribution
description (if applicable)

Date

11/5/01

Corporation / Labor Organization name

Kaufman & Associates

Corporation / Labor Organization address; City; State; Zip Code

100 W. Houston St. #1250
San Antonio, TX 78205

Amount of
contribution (\$)

1,000.00

In-kind contribution
description (if applicable)

Date

11/16/01

Corporation / Labor Organization name

Hill-Granados Retail Partners
Corporation / Labor Organization address; City; State; Zip Code
10223 McAllister Freeway
San Antonio, TX 78216

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Date

Corporation / Labor Organization name

Corporation / Labor Organization address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Date

Corporation / Labor Organization name

Corporation / Labor Organization address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Date

Corporation / Labor Organization name

Corporation / Labor Organization address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:**2** FILER NAME

Citizens for C.H.A.N.G.E.

3 ACCOUNT # (Ethics Commission filers)**4**

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan**7** Name of lender☐ out-of-state PAC (ID#: _____)**9** Loan Amount (\$)**6** Is lender a
financial institution?

Y N

8 Lender address; City; State; Zip Code**10** Interest rate**11** Maturity date**12** Description of Collateral☐ none**13** GUARANTOR
INFORMATION**14** Name of guarantor**16** Amount Guaranteed (\$)☐ not applicable**15** Guarantor address; City; State; Zip Code**17** Principal Occupation**18** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a
financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ noneGUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME

Citizens for C.H.A.N.G.E.

3 ACCOUNT # (Ethics Commission filers)**4** Date

12/24/01

5 Payee name

G. W. Shipley & Associates

7

Amount

(\$)
\$5,000.00**6** Payee address; City; State; Zip Code2102 Mountain View Road
Austin, TX 78703**8** Purpose of payment (See instructions regarding type of information required.)

Consulting Services

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

11/12/01

Payee name

Election Support Services Inc.

Amount

(\$)
28,466.09

Payee address; City; State; Zip Code

4958 Military Dr. W
San Antonio, TX 78242

Purpose of payment (See instructions regarding type of information required.)

Mailer & Phone List Support Services

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

11/12/01

Payee name

Tom Daniels

Amount

(\$)

6,530.40

Payee address; City; State; Zip Code

405 N. St Mary's St
San Antonio, TX 78205

Purpose of payment (See instructions regarding type of information required.)

Telephone Support Services

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

11/13/01

Payee name

Guerra DeBerry Coody

Amount

(\$)
18,935.84

Payee address; City; State; Zip Code

112 E. Houston
San Antonio, TX 78215

Purpose of payment (See instructions regarding type of information required.)

Media Coordination & Production

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME

Citizens for C.H.A.N.G.E.

3 ACCOUNT # (Ethics Commission filers)**4** Date

11/12/01

5 Payee name

Eva Neubert

7

Amount

238.63

6 Payee address; City; State; Zip Code1023 Ave. B #1
San Antonio, TX 78215**8** Purpose of payment (See instructions regarding type of information required.)

Reimbursement Election Watch Expenses

9

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

5/16/02

Payee name

Guerra DeBerry & Company

Payee address; City; State; Zip Code

112 E. Houston
San Antonio, TX 78215Amount
(\$)

3,206.04

Purpose of payment (See instructions regarding type of information required.)

Media Production

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

5/16/02

Payee name

Guerra DeBerry & Company

Payee address; City; State; Zip Code

112 E. Houston
San Antonio, TX 78215Amount
(\$)

4,000.00

Purpose of payment (See instructions regarding type of information required.)

Direct Mailings

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

6/30/02

Payee name

Frost Bank

Payee address; City; State; Zip Code

P O Box 1600
San Antonio, TX 78296Amount
(\$)

15.00

Purpose of payment (See instructions regarding type of information required.)

Service Charge

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount
(\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

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